

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/507092

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2		1							
3		1							
4		1							
5		1							
6		1							
7		1							
8		1							
9		1							
10		1							
11		1							
12		1							
13		1							
14		1							
15		1							
16		5							
17									
18		1							
19		1							
20		1							
21		1							
22		1							
23		1				*			
24		1							
25		1							
26		1							
27		1							
28		1							
29		1							
30		1							
31									
32									
33		1							
34		1							
35									
36		1							
37		1							
38		1							
39		1							
40		1							
41		1							
42		1							
43		1							
44		1							
45									
46									
47									
48									
49									
50									
TOTAL IND.	5								
TOTAL DEP.	10								
TOTAL CLAIMS	45								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS